



Permanent Commission on the Status of Women  
18-20 Trinity Street  
Hartford, Connecticut 06106  
(860) 240-8300, (860) 240-8314 Fax  
email: pcsw@cga.ct.gov

Request to File Complaint with The Commission on Human Rights and Opportunities (CHRO)

Name (Complainant): \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ If none, care of: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Where Complainant can be reached/time of day: \_\_\_\_\_

Complaint made against: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Complaint			
Employment	Housing	Public Accommodations	Credit Transactions
On the basis of:			
age	ancestry	color	learning disability
marital status	mental retardation	national origin	physical disability
race	religious creed	sex, including pregnancy	sexual orientation
The above are protected in all four categories, plus below as indicated:			
genetic information mental disorder *criminal record (*State employment & licensing only)	lawful source of income mental disability use and/or training of a guide dog familial status (housing only) breast feeding (P.A. only)		
IN...			
recruiting, referring, terms & conditions of employment, hiring, classifying, training, promotion, advertising, discharge, laying off, compensation,	services rendered to public, rentals and sales of public and private housing		loans, mortgages or any credit transactions
BY...			
employers, employment agencies and labor organizations			

When did discrimination occur? \_\_\_\_\_  
(Most recent occurrence must have been within 180 days)

[illegible]

\_\_\_\_\_

## CHRO to Fill Out

From: \_\_\_\_\_ Name of Intake Office \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Regional Office

CHRO took the following action on this complaint request:

**CHRO: PLEASE FAX TO THE ATTENTION OF ROSEMARY LOPEZ AT (860) 240-8314**